

# AGENCY-RELATIVE GUARDIANSHIP DISCLOSURE

**ONE COPY TO:** Relative Caregiver  
Child's Social Services Record  
Child's Eligibility Record

**NOTE:** THIS DISCLOSURE MUST BE COMPLETED PRIOR TO A RELATIVE BECOMING LEGAL GUARDIAN

NAME OF CHILD:		CAREGIVER'S NAME:	
DATE PLACED WITH THIS RELATIVE:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	

## Initial Here:

\_\_\_\_\_ I understand that I am not required to change custodial status from relative caregiver to legal guardian. However, if I decide to become a legal guardian, court dependency may be dismissed.

\_\_\_\_\_ I have been provided a Guardianship Pamphlet.

## 1. AFDC-Foster Care to Kin-GAP

### Initial Here:

\_\_\_\_\_ I understand that by becoming a relative legal guardian of \_\_\_\_\_:

- The child's payment will change from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ per month.
- The child will no longer be eligible to receive an AFDC-Foster Care payment.
- The child will be eligible to receive a clothing allowance and the state supplemental clothing allowance.
- The child may be eligible to receive a specialized care increment if already in receipt of a specialized care increment. Note: the amount of the specialized care increment will not increase or decrease based on changes to the child's special needs.
- Non-referral to child support may continue if the social worker determines it is in the best interest of the child. If not, the parent may have to pay child support to the agency.
- The child remains eligible for Independent Living Program services when the child attains age 16 and such services are requested by you. However the youth will not be eligible for the Chafee Educational/Training Voucher unless the youth remains in foster care until age 16 prior to the transfer to Kin-GAP.
- The Infant Supplement and the \$200 Shared Responsibility Plan increment may be payable in KinGAP if currently received. An additional Infant Supplement can be paid if the foster child later becomes a parent.
- If you move to another county, the KinGAP rate paid to you will be based on the county rates in which the court had jurisdiction over the legal guardianship.
- Once the child reaches age 18, the child must apply for Medi-Cal benefits in order to receive Medi-Cal to age 21.
- The child's Medi-Cal eligibility may be impacted if resources exceed \$10,000.
- The child will not be eligible for the Transitional Housing Program or the Transitional Housing Program Plus.

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**2. AFDC-FC to CalWORKs****Initial Here:**

\_\_\_\_\_ I understand that by becoming a relative legal guardian of \_\_\_\_\_:

- The child's payment will change from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ per month.
- The child will not receive an AFDC-Foster Care payment.
- The child will not receive a clothing allowance or a specialized care increment.
- The child will not be eligible for the Transitional Housing Program.

**3. CalWORKs to Kin-GAP****Initial Here:**

\_\_\_\_\_ I understand that by becoming a relative legal guardian of \_\_\_\_\_:

- The child's payment will change from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ per month.
- The child cannot get both CalWORKs and Kin-GAP payments.
- The child will no longer be eligible to receive Cal-Learn benefits.
- The child will no longer be eligible to receive CalWORKs child care services.
- The child will be eligible to receive only the state supplemental clothing allowance.
- Non-referral to child support may continue if the social worker determines it is in the best interest of the child. If not, the parent may have to pay child support to the agency.
- The child remains eligible for Independent Living Program services when the child attains age 16 and such services are requested by you. However, the youth will not be eligible for the Chafee Educational/Training Voucher unless the youth remains in foster care until age 16 prior to the transfer to Kin-GAP.
- The Infant Supplemental and the \$200 Shared Responsibility Plan increment may be payable in KinGAP if currently received. An additional Infant Supplement can be paid if the foster child later becomes a parent.
- If you move to another county, the KinGAP rate paid to you will be based on the county rates in which the court had jurisdiction over the legal guardianship.
- Once the child reaches age 18, the child must apply for Medi-Cal benefits in order to receive Medi-Cal to age 21.
- The child's Medi-Cal eligibility may be impacted if resources exceed \$10,000.
- The child will not be eligible for the Transitional Housing Program or the Transitional Housing Program Plus.
- If the relative caregiver is on CalWORKs and is caring for one or more foster children and all children in the assistance unit move to KinGAP, the caregiver may continue to remain eligible for a CalWORKs grant as a family of one.

**4. Remain CalWORKs****Initial Here:**

\_\_\_\_\_ I understand that by becoming a relative legal guardian of \_\_\_\_\_:

- The child will not receive an AFDC-Foster Care or Kin-GAP payment.
- The child will remain eligible to CalWORKs.

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## Services

If you become guardian of this child and the court dependency is terminated:

**Initial Here:**

\_\_\_\_\_ I understand that I may receive assistance from the county child welfare agency if it is necessary to terminate guardianship or to appoint a co-guardian for the child.

\_\_\_\_\_ I understand that the child and I will no longer be assigned a social worker;

\_\_\_\_\_ I understand that the child and I will no longer be required to go to court;

\_\_\_\_\_ I understand that the child will no longer have a court appointed attorney;

\_\_\_\_\_ I understand that I am not prevented from adopting this child at any time in the future;

\_\_\_\_\_ I understand that I may still contact the county if I need assistance at \_\_\_\_\_;

\_\_\_\_\_ Other: \_\_\_\_\_

## Some Important Kin-GAP Information

These are some of the important things you should know about Kin-GAP:

**Initial Here:**

\_\_\_\_\_ I understand the child's Kin-GAP payment will be stopped:

- \* If the child or I move out of state;
- \* If a child who is 16 years or older fails to meet school attendance requirements.

\_\_\_\_\_ I understand that I will be required to complete an annual review of the child's circumstances with the county and to report within 5 days any changes which may affect the child's eligibility for the program.

\_\_\_\_\_ I understand that if I move to another county, my payment will continue to be based on the county which had court jurisdiction over the guardianship.



\_\_\_\_\_ I understand that any specialized care increment that I receive will not change based on the child's health or behavioral needs.

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I have read the above and understand all of the legal guardianship options that are available to me (adoption, legal guardianship, long-term foster care). After considering all the options, I have voluntarily chosen legal guardianship with the associated payment noted above.

I have chose option #        1        2        3        4        *(Circle one)*

SIGNATURE OF SOCIAL WORKER: 		SIGNATURE OF RELATIVE LEGAL GUARDIAN: 	
TITLE/AGENCY:			
ADDRESS:		ADDRESS:	
TELEPHONE NUMBER (    )	DATE:	TELEPHONE NUMBER (    )	DATE:

## RELEASE OF INFORMATION

You and any member of your family for whom you are applying for aid must give us a Social Security Number(s) (SSN). The SSN(s) are needed to determine your eligibility. Failure to provide SSN may result in denial or discontinuance of aid. Authority: **Welfare and Institutions Code, Section 11268.**